LINCOL TRANSPORTATIO In compliance with y terms, conditions, a	he TO:	MOVING AUTHORIZED SATURDAY: SUNDAY:				PERMIT N	UMBER:					
the attachments, pe												
NAME						THIS PERMIT IS NOT VALID WITHOUT						
NAME	SATU					THE FOLLOWING ATTACHMENTS:						
ADDRESS	SLINI					□ Encroachment Permit						
CITY/STATE/ZIP	30111					☐ Traffic Control Plan						
OFFICE PHONE NUMBER (Include area code) FAX NUM					DARKNESS (CVC380) ER (Include area code)						_	
· · · · · ·					,							
WRITE A DESCRIPTION OF THE Authorization is granted for the	JDE MEASURE	ASUREMTNS OF LOAD)										
DESCRIPTION OF HAULING E	QUIPMENT											
				VEHICLE WIDTH			KINGPIN TO LAST AXLE	LOAD VEHI LENGTH			ICLE	
AXEL NUMBER	1	2	3	4	5	,	6	7	8		9	
NUMBER OF TIRES PER	-							-				
AXEL												
DISTANCE BETWEEN AXELS						1				<u> </u>		
WIDTH OF AXELS AT TIRE SIDEWALL												
MAXIMUM ALLOWABLE WEIGHT												
LOADED DIMENS	ONS GREATE	R THAN THOSE	SHOWN BELOV	W OR WEIGI	HTS EXCEE	DING 1	HOSE SHOW	N ABOVE A	RE NOT AUT	HORIZED		
LOADED HEIGHT:	LOADED WIDT	LL LENGTH:	IGTH: LOADED OVERHANG:				WEIGHT CLASS/TOTAL WEIGHT:					
ORIGIN:	DESTINATION (ADDRESS):											
AUTHORI	IZED CITY ROA	ADS. THIS PERM	MIT IS VALID FO	R CITY ROAL	OS ONLY. S	STATE/	COUNTY PER	MITS MAY	BE REOUIRE	D		
A. The City shall issue Permit B. Permittee shall contact th transport is being taken, a The City shall then design	ttee a ne City's Engine and the approx	ering Departme	nt in advance of e	each move sta	ting the loc	Permit a	t a cost of here transport	tation shall c	ommence, to	 what destina		
in the California Vehicle C C. Permittee agrees to and s Permittee. D. Permittee shall have the s Permittee shall have the s E. Permittee shall have the s	shall repair or co sole responsibil sole responsibil	ause to be repai ity to and shall p ity to and shall o	red any damage or provide that all tra contact the utilitie	caused to any ansports will o	clear all tele clearance w	ephone, vill not b	electrical, cab be made and to	le TV, and ot take approp	her utility line oriate measure	s prior to tra	nsport,	
transport.												
PILOT CAR	□ No				Cash		Check			□ Exer	npt	
Authorized Signature:				Date:							-	
Fee: Number	of Trips:	Engine	ering Dept Autho	orized Agent	t:			C	oate:			
Requested Route: (Include a	ddress of orig	in and deliver	y site)				Contac	ct Person: _				